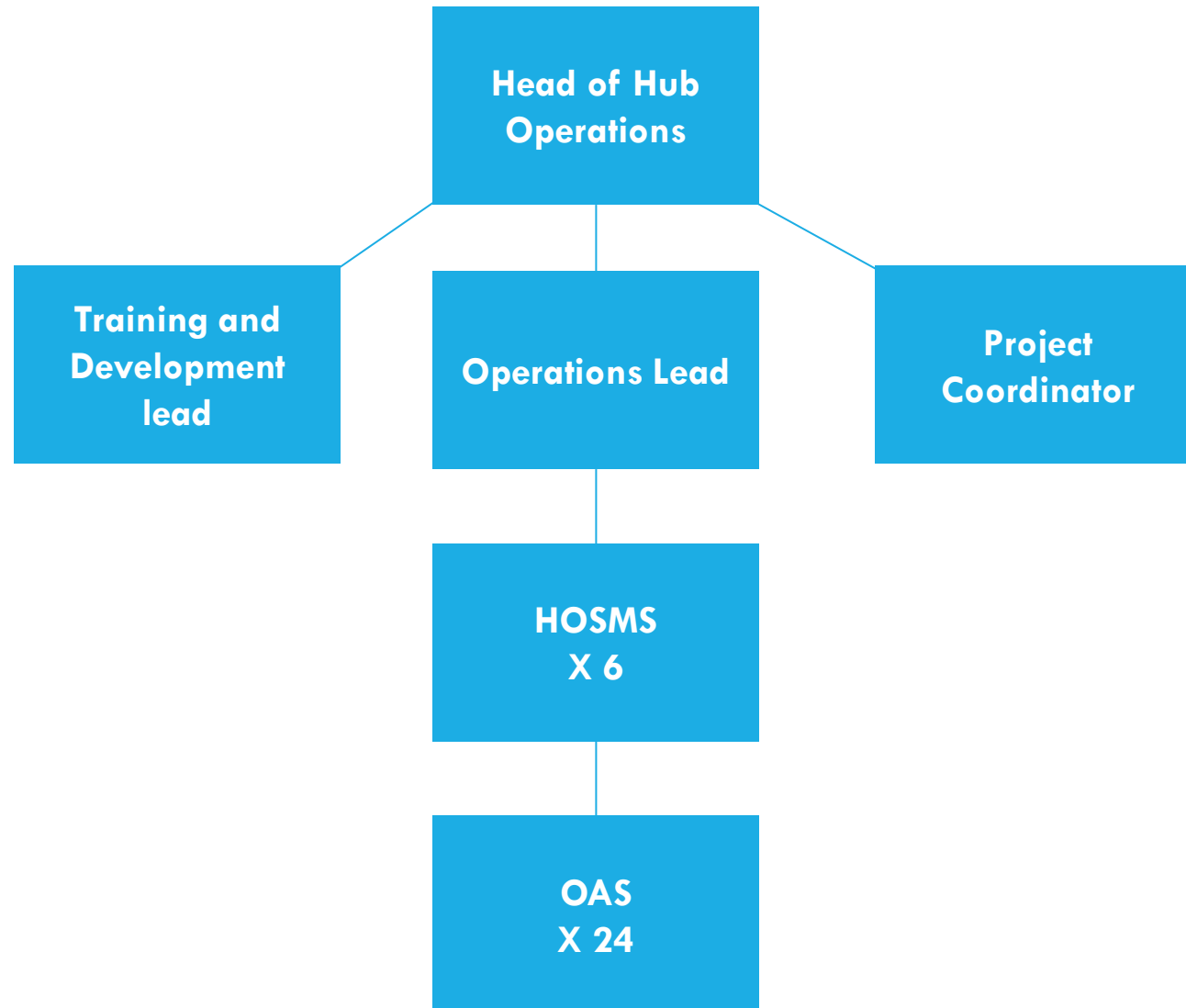
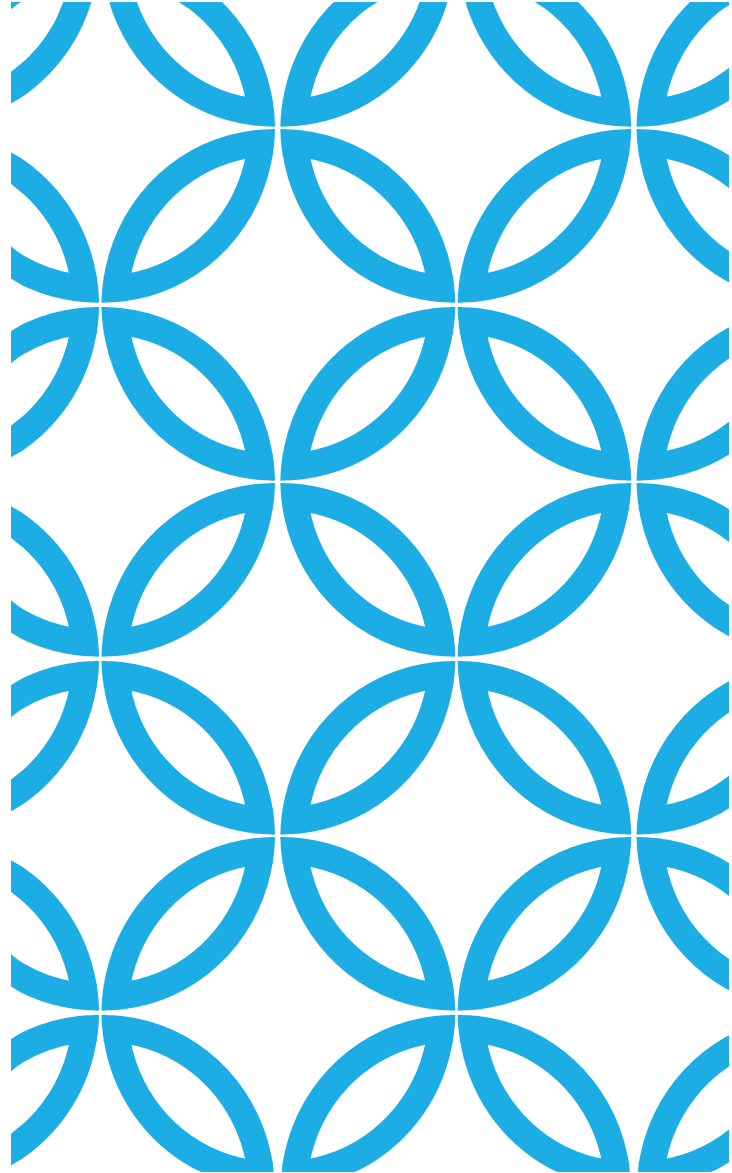


HUB OPERATIONS AND ORGAN ALLOCATION

MEET THE TEAM: HUB OPERATIONS







CT ALLOCATION

CARDIO THORACIC – HEART & LUNGS

✓ Three Tiers

Super Urgent – Named Patient

Urgent – Named Patient

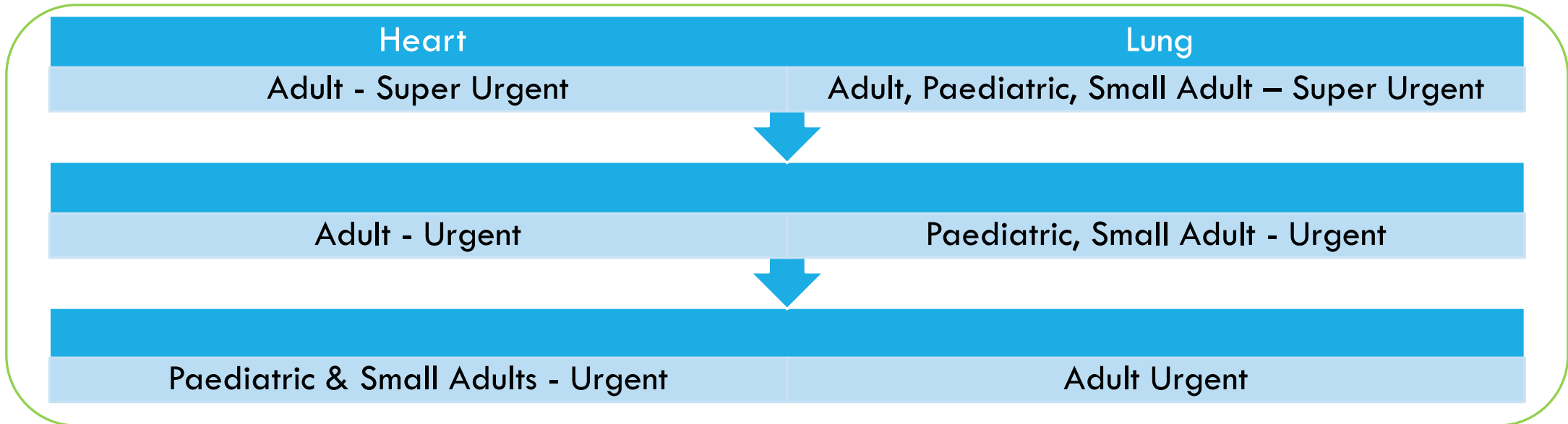
Non Urgent (routine) Centre based offering for local allocation

- ✓ Recipients can be listed as Adult, Paediatric or Small Adults within the scheme
- ✓ 7 Heart Transplant centres in the UK
 - ✓ Birmingham, Harefield, Papworth, Manchester, Glasgow, Newcastle (adults and Paediatric) & GOSH (paediatric)
- ✓ 6 Lung Transplant Centres in UK
 - ✓ Birmingham, Harefield, Papworth, Manchester, Newcastle (adults and Paediatric inc Scottish patients) & GOSH (paediatric)
- ✓ Allocation Zones
 - ✓ The SU and U tiers are based on waiting time, while non-urgent offering is based on a zonal allocation, then rotated based on last routine transplant

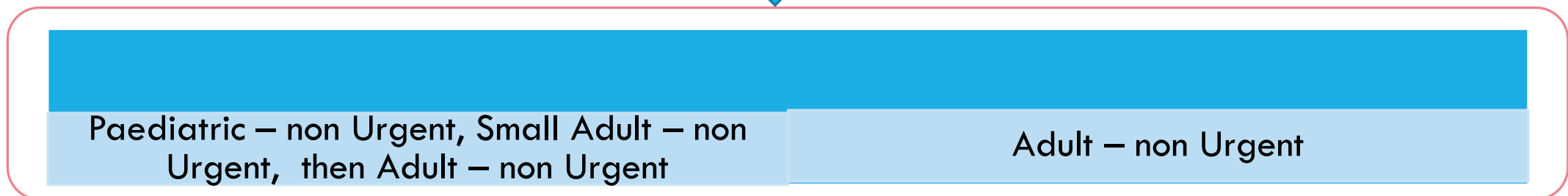
HEART & LUNG OFFERING

ADULT

Sequential Named Offers

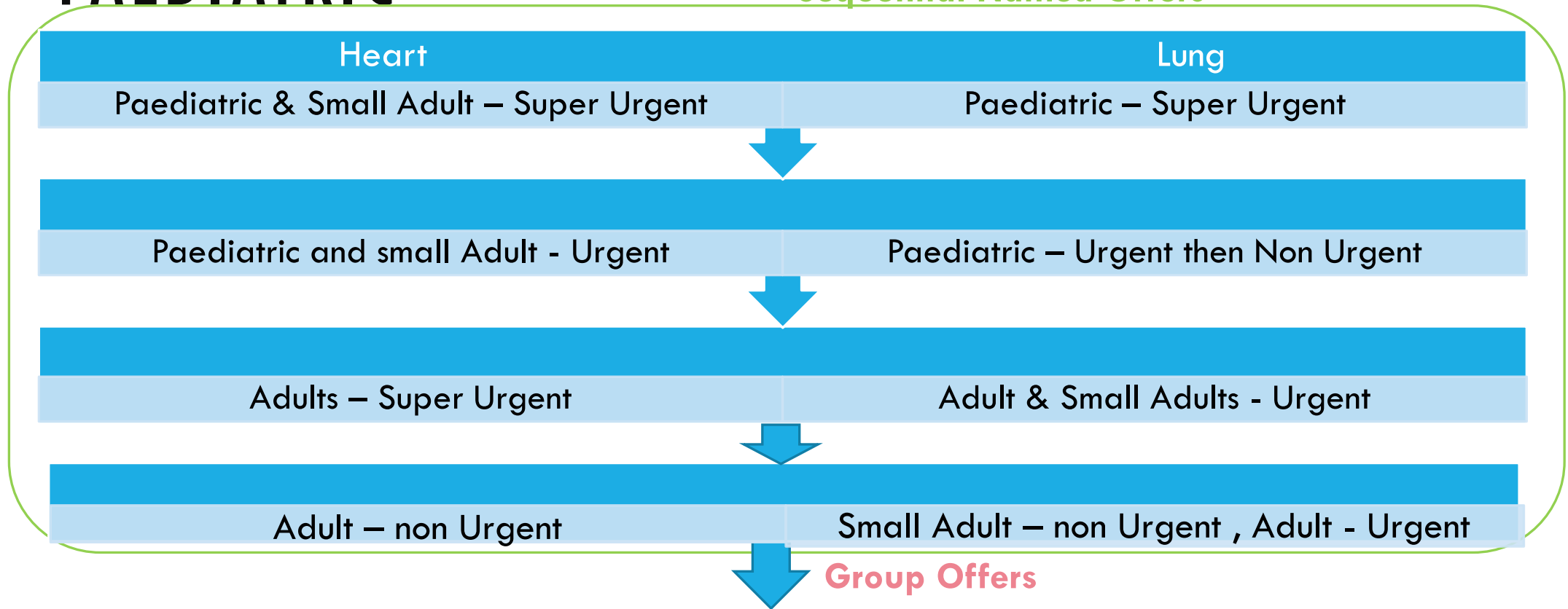


Group Offers

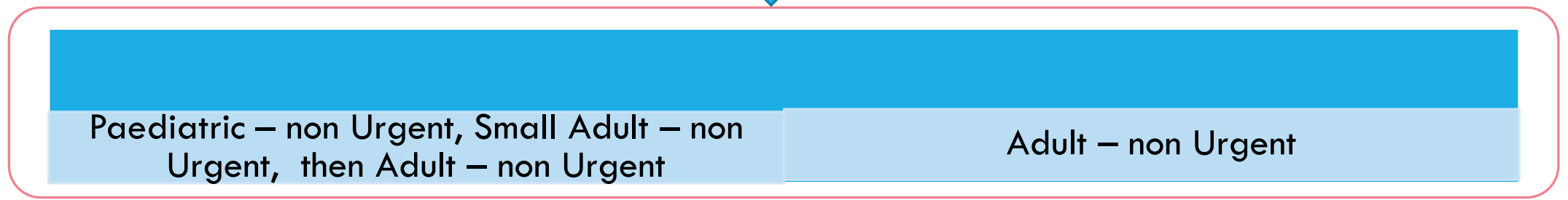


HEART & LUNG OFFERING PAEDIATRIC

Sequential Named Offers



Group Offers



HEART OFFERING - DCD

Zonal

GOSH within 20 CM

All remaining centers

GOSH — all patients



CT – ALLOCATION AND OFFERING TOP TIPS

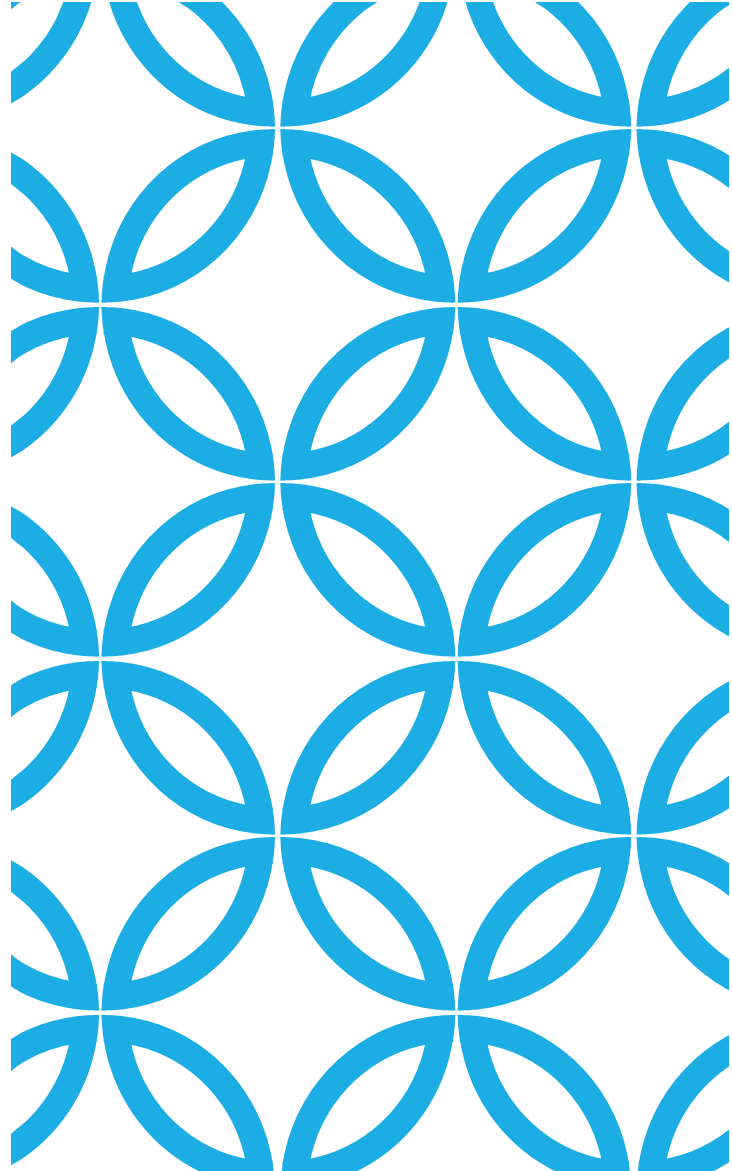
Minimum data set – Essential for centres to make decisions, if information not available, clearly documented and agreed before offering commences

Un-transplantable organs – Specific guidance DAT 4034 (only on visualisation of Heart with clear clinical reasons – vessel disease). Different across organ groups

ECHO issues – moving on No ECHO within 3 hours centres need to make decision based on information available

Back up offering – INF1606

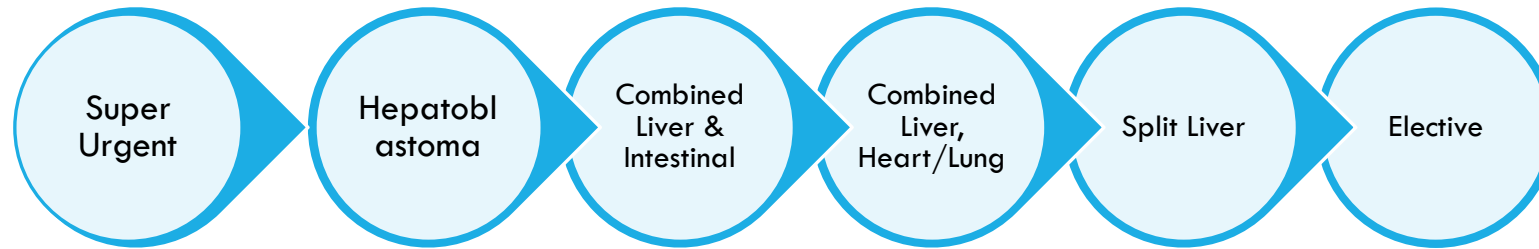
DBD Firm decision by time NORs are within 2 hours of Donor site
DCD decision needs to be made at time of NORS mobilisation



LIVER ALLOCATION

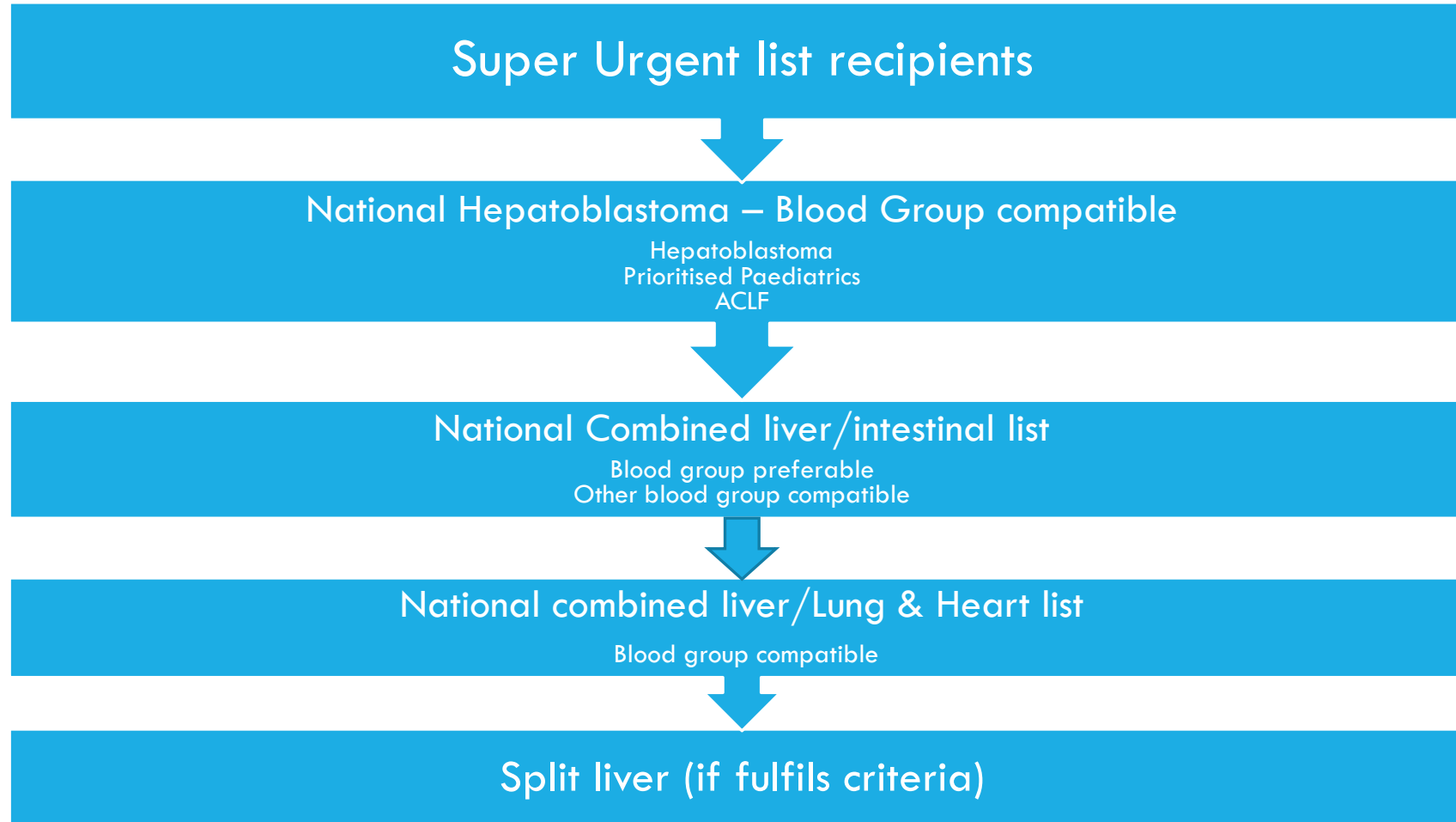
LIVER OFFERING SCHEME

- ✓ DBD Livers are allocated with a decreasing level of priority



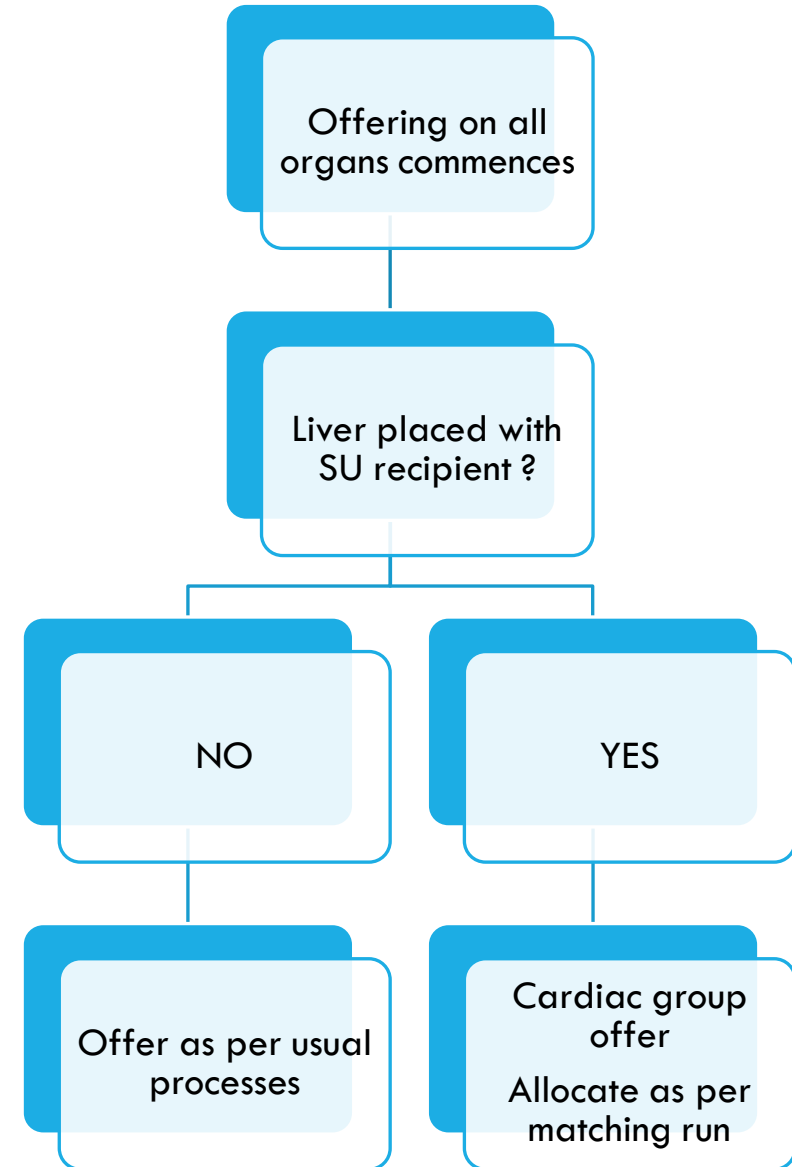
- ✓ DCD Livers are allocated on a geographical basis followed by national offering to a centre rather than named patient basis (transplant rota 4 weeks of activity)
- ✓ Split liver criteria
 - ✓ DBD donors under 40 years old, weigh more than 50 kg and been in ICU for less than 5 days will be considered for split liver if not allocated to higher priority recipient

LIVER OFFERING SEQUENCE – NAMED PATIENT OFFERING



SU LIVER PATHWAY - SOP

- ✓ Key time is the most important factor for these patients – death predicted within 24-72 hours
- ✓ Clinical deterioration evident in many patients once offer accepted but CT organs on offer
- ✓ Recent change from option to press red button to being initiated in HUB for all SU accepted



LIVER DCD OFFERING

Zonal

Link

Group offer
Nationally

Zonal & Link centres

Kings & Royal Free

Cambridge & Birmingham

Newcastle, Leeds and Edinburgh

Centre offers based
on 4 weeks of
activity

LIVER — ALLOCATION AND OFFERING POINTS

Back Up – INF 1606

Final decision should be made before knife to skin (DBD) or at the point of mustering the NORs Team (DCD)

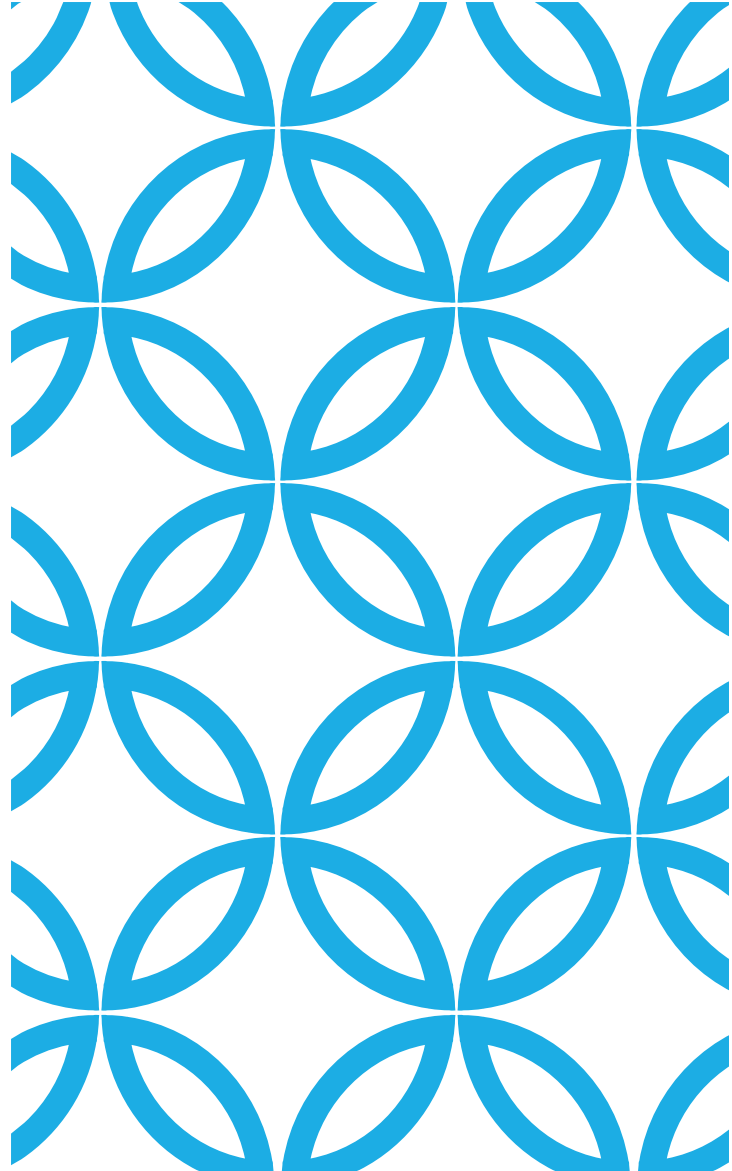
Fast track triggers

If Livers is not placed at or after cross clamp

Livers accepted then declined after retrieval has commenced will be offered via the named patient sequence until cross clamp

Liver is declined by 7 named patient offers – because of donor / organ related reasons

If Liver accepted by more than 1 centre – liver will be allocated to the highest placed centre. Centres who do not respond will be deemed as declining the organ



RENAL & PANCREAS ALLOCATION

RENAL NATIONAL ALLOCATION – DBD & DCD

Tier A

Patient with matchability scores of 10, or patients 100% sensitivity or patients waiting over 7 years



Includes SPK, SIK who are eligible with this criteria



Patients are prioritised according to matchability score and waiting time

Tier B – all other eligible patients

Patients are prioritised according to point system based on 8 elements

Waiting Time (from start of dialysis or activation on the transplant list)

Donor – recipient index (D1 low risk – D4 high risk)

HLA match and age combined

Location of patients relative to donor

Matchability

Donor-recipient age difference

Blood Group Match

HLA – Total HLA Mismatch

PANCREAS NATIONAL ALLOCATION

- ✓ Both DBD and DCD kidneys are offered through the national scheme
- ✓ Pancreas that are offered and accepted as part of a multi-viseral, multi organ (with liver) or in top of tier A will not be offered through this scheme.

Tier Inclusion criteria

Patient with matchability scores of 10, or patients 100% sensitivity or patients waiting over 3 years for a pancreas or islet transplant

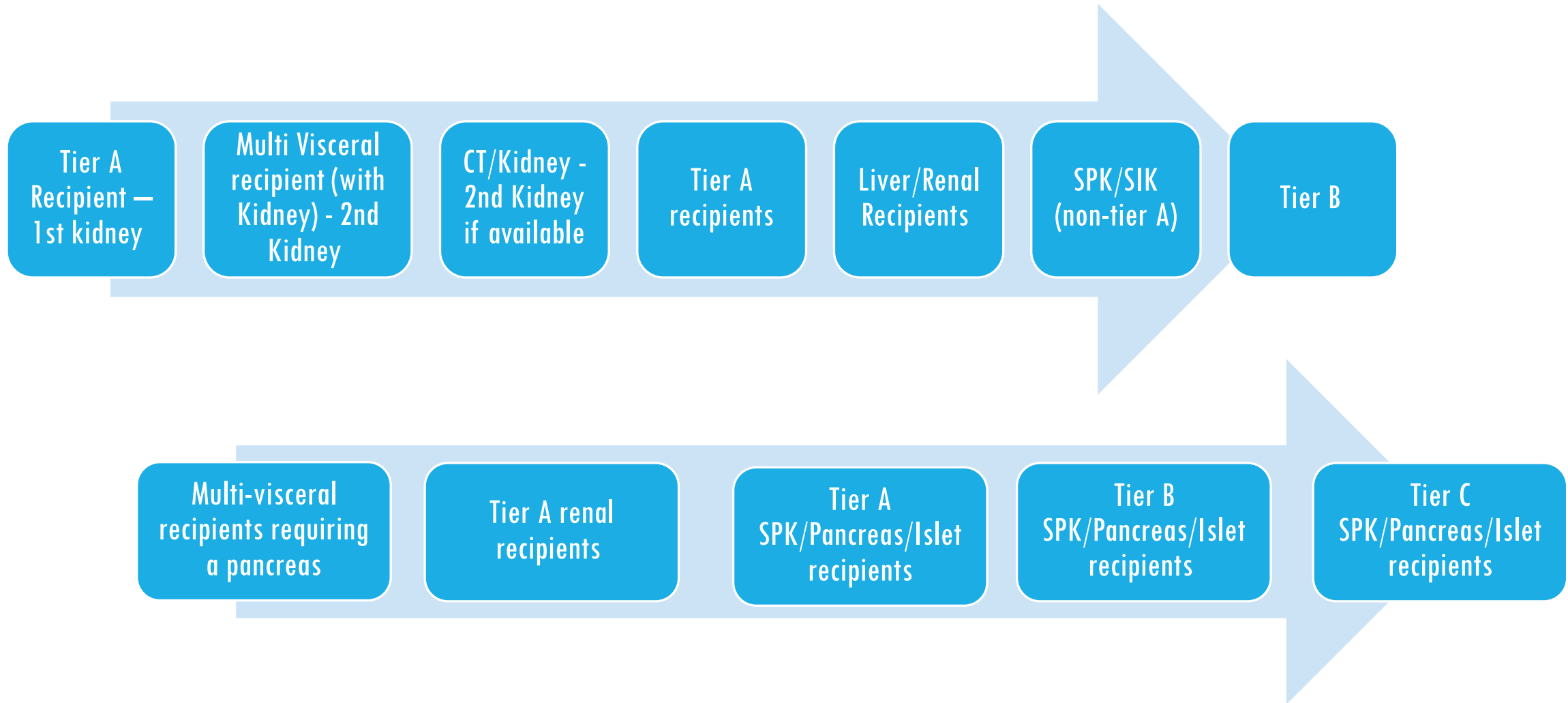


Blood group identical or highly sensitised blood group compatible patients (as defined in 1.2.1 above)



All other eligible patients

RENAL AND PANCREAS OFFERING



RENAL/PANCREAS ALLOCATION – HANDY INFORMATION

D4 donors over 70 years

- To increase utilisation of older donor kidneys – offered as dual kidneys to center with highest patient but can be used for any patient on local center lists

Reallocation of kidneys/pancreas

- If a kidney has been accepted but subsequently recipient is not able to receive
 - If kidneys has not left donor site, then organ will be offered via the named patient system
 - If left donor site, kidney will be offered to any Tier A recipients if no suitable recipients' kidney can be kept by center for any patient on their local list

En-bloc Kidneys

- Kidneys from donors before their 5th Birthday will be retrieved en-bloc
 - En-bloc kidneys from donors 2 – 4 will be offered to center rather than named patient basis
 - Donors under 2 will be offered to Leeds or Guys

RENAL - FAST TRACK TRIGGERS (12 CENTRES ONLY)

DBD Donor Kidneys

If organ is deemed unusable by a SNOD, member or the NORs team or Transplant team

Seven Transplant centres decline kidney only offer for donor or organ reasons
Five centre declines if kidneys only donor at FT trigger point

Organ has 6 hours of cold ischemic time

If kidneys accepted as part of multi organ transplant – should not be fast tracked until 12 hours of cold ischemia

DCD Donor Kidneys

If an organ is deemed unusable by a SNOD, members of the NORs team or Transplant Team

Seven Transplant centers decline kidney offer for donor or organ reasons
Five centre declines if kidney only donor at FT trigger point.

Organ has 3 hours of cold ischemic time

If kidneys accepted as part of multi organ transplant – should not be fast tracked until 6 hours of cold ischemia

PANCREAS — FAST TRACK TRIGGERS (ALL CENTRES)

The pancreas is deemed to be unsuitable by a SNOD or a member of the retrieving or transplanting team.

Four (three for DCD donors) pancreas transplant centres decline a pancreas or islet offer for either donor or organ quality reasons.

Where the pancreas has not been accepted at the point of knife to skin.

If there are no patients identified on the matching run due to donor BMI or age restrictions, but there are compatible patients at centres

If Cold ischemic time is over 4 hours for Pancreas and over 4 hours but less than 8 hours for Islets

HEART

LUNGS

LIVER

KIDNEYS

PANCREAS

SU
HEART

SU
LUNGS

SU

Tier A

1st
Kidney

Small
Bowel

Urgent
HEART

Urgent
LUNGS

HEPATO

Small
Bowel

2nd
Kidney

Tier A
Kidney

ROUTINE
HEART

Cardiac
Block

ROUTINE
LUNGS

Small
Bowel

Ht or
Lgs

2nd
Kidney

Tier A
Panc

Ht or
Lgs

Tier A

2nd
Kidney

Tier B
Panc

ROUTINE

Liver

2nd
Kidney

Fast
Track

SPK

2nd
Kidney

HANDY INFORMATION

Changes to donor information – DCD to DBD

- If Donor changes consideration needs to be taken as to where in the offering /allocation is
- If organ not placed – rerun sequences
- If organ is placed, consider new recipients and where in the scheme they are.
- If recipient allocated is aware of the organ offer

NORS

- The National Organ Retrieval Service (NORS) was devised in 2010 and is a vital part of the transplantation pathway
- Once a CT and Abdo organ have been accepted, a team can be mobilised. Before we mobilise we need to ensure that there is coroners consent
- A team should not be mobilised if the theatre slot is more than 5 hours away unless flights are involved
- The HOSM on shift will discuss mobilisation with the SNOD and then call the NORS contact to mobilise the team. The team have a 90 minute muster time which will be added to their travel time so we can agree a ETA

HELP US TO HELP YOU.

We need to be made aware of key timings such as withdrawal of treatment times and KTS – both these timings trigger actions Hub need to take as part of our processes and to ensure we update the recipient centers.

Registration Calls – both Hub and the SNODs are jointly responsible for using this as a STOP PAUSE CHECK ensuring that we are both checking and recording information correctly, paper copies etc.

Think about the language used when registering with Hub – we have had SNODs say “I don’t think anything will get placed” – this can be very demotivating for Hub when they then have to spend hours offering organs.

If a NORS team call you to change an arrival time please let the Hub know so that we can update accepting centers as once we mobilise a team we advise the renal centers, and need to record the reason for the arrival time change.

Questions?

